

**Department of Public Health and Social Services**  
**Division of Environmental Health**  
**Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	4	6/27/18	SBARRO #2
Follow-up				TIME IN	TIME OUT
Complaint		<input checked="" type="checkbox"/>	RATING	2:45pm	4:40pm
Investigation	<input checked="" type="checkbox"/>		A	SANITARY PERMIT NO.	LOCATION (Address)
Other				1800009017	MILKONESIAN MALL FOOD COURT 6013-3-1-1-1
ESTABLISHMENT TYPE				AREA	TELEPHONE
STALL STAND				1	
				No. of Risk Factor/Intervention Violations	RISK CATEGORY
				0	3
				No. of Repeat Risk Factor/Intervention Violations	N/A

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
<b>Supervision</b>					
1	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
<b>Employee Health</b>					
2	OUT	Management awareness; policy present			6
3	OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>					
4	OUT N/A N/O	Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	OUT N/A N/O	No discharge from eyes, nose, and mouth			6
<b>Preventing Contamination by Hands</b>					
6	OUT N/A N/O	Hands clean and properly washed			6
7	OUT N/A N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	OUT	Adequate handwashing facilities supplied & accessible			6
<b>Approved Source</b>					
9	OUT	Food obtained from approved source			6
10	OUT N/A N/O	Food received at proper temperature			6
11	OUT	Food in good condition, safe, and unadulterated			6
12	OUT N/A N/O	Required records available: shellstock tags, parasite destruction			6
<b>Protection from Contamination</b>					
13	OUT N/A	Food separated and protected			6
14	OUT N/A	Food contact surfaces: cleaned & sanitized			6
15	OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6

  

Compliance Status			COS	R	PTS
<b>Potentially Hazardous Food (TCS Food)</b>					
16	OUT N/A N/O	Proper cooking time and temperatures			6
17	OUT N/A N/O	Proper reheating procedures for hot holding			6
18	OUT N/A N/O	Proper cooling time and temperatures			6
19	OUT N/A N/O	Proper hot holding temperatures			6
20	OUT N/A N/O	Proper cold holding temperatures			6
21	OUT N/A N/O	Proper date marking and disposition			6
<b>Consumer Advisory</b>					
22	OUT N/A N/O	Consumer Advisory provided for raw or undercooked foods			6
<b>Highly Susceptible Populations</b>					
23	OUT N/A N/O	Pasteurized foods used; prohibited foods not offered			6
<b>Chemical</b>					
24	OUT N/A N/O	Food additives: approved and properly used			6
25	OUT	Toxic substances properly identified, stored, used			6
<b>Conformance with Approved Procedures</b>					
26	OUT N/A N/O	Compliance with variance, specialized process, and HACCP plan			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
<b>Safe Food and Water</b>					
27		Pasteurized eggs used where required			1
28		Water and ice from approved source			2
29		Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>					
30		Proper cooling methods used, adequate equipment for temperature control			1
31		Plant food properly cooked for hot holding			1
32		Approved thawing methods used			1
33		Thermometer provided and accurate			1
<b>Food Identification</b>					
34	<input checked="" type="checkbox"/>	Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>					
35		Insects, rodents, and animals not present			2
36		Contamination prevented during food preparation, storage & display			1
37		Personal cleanliness			1
38		Wiping cloths: properly used and stored			1
39		Washing fruits and vegetables			1

  

Compliance Status			COS	R	PTS
<b>Proper Use of Utensils</b>					
40	<input checked="" type="checkbox"/>	In-use utensils: properly stored.			1
41	<input checked="" type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled			1
42		Single-use/single-service articles: properly stored, used			1
43		Gloves used properly			1
<b>Utensils, Equipment and Vending</b>					
44		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45		Warewashing facilities: installed, maintained, used; test strips			1
46		Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>					
47		Hot & cold water available, adequate pressure			2
48		Plumbing installed; proper backflow devices			2
49		Sewage and wastewater properly disposed			2
50		Toilet facilities: properly constructed, supplied, & cleaned			2
51		Garbage/refuse properly disposed; facilities maintained			2
52	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean			1
53		Adequate ventilation and lighting; designated areas use			1
<b>Documents and Placards</b>					
54		Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) CRIS CANLAS	Date: 6/27/18	Follow-up (Circle one): <input checked="" type="radio"/> YES <input type="radio"/> NO
DEH Inspector (Print and Sign) J. CRUZ	Follow-up Date: 7/27/18	

Department of Public Health and Social Services  
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ESTABLISHMENT NAME <b>SBARRO #2</b>		LOCATION (Address) <b>MICRONESIAN MALL 10TH COURT COT 5047-1-2 6013-3-1-1-R1</b>	
INSPECTION DATE <b>6/27/18</b>	SANITARY PERMIT NO. <b>180000904</b>	PERMIT HOLDER <b>GUAM FAST FOODS, INC.</b>	

**TEMPERATURE OBSERVATIONS**

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
SPINACH PIZZA / FRONT WARMER	90°		
PEPPER PIZZA / " "	91°		
HAM AND PASTA / " "	145		
KEAPPEKON / BOTTOM CHILLER	41		
MEATBALL / FRONT WARMER	159		
HAM / TOP CHILLER	53.5		
SAUSAGE / " "	56		
CHICKEN / WALK IN	40.5		
AIR FRYER / WARMER	191.0		
CHICKEN / COOKER	175		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR INSPECTION WAS CONDUCTED BASED ON COMPLAINT # 18-126 A REGARDING POSSIBLE FOODBORNE ILLNESS. PREVIOUS INSPECTION ON 6/22/17 (OIA).	
	NO EVIDENCE TO SUPPORT THE COMPLAINT WAS OBSERVED AT TIME OF INSPECTION.	
	THE FOLLOWING WAS OBSERVED:	
#19	MULTIPLE PIZZA SLICES NOT HELD BELOW 140°F. ALL PREP/TCS FOODS SHALL BE HOT HELD AT 140°F OR ABOVE TO PREVENT PATHOGEN GROWTH. *COS - FOOD WAS REHEATED TO 165°F.	COS
#20	HAM & SAUSAGE COLD HELD ABOVE 41°F. ALL PREP/TCS FOODS SHALL BE COLD HELD AT 41°F OR BELOW TO PREVENT PATHOGEN GROWTH. *COS - FOOD WAS DISCARDED.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) <b>CRIS CANLAS - CMCANLAS</b>	Date: <b>6/27/18</b>
DEH Inspector (Print and Sign) <b>J. CRUZ</b>	Date: <b>6/27/18</b>

# Food Establishment Inspection Report

ESTABLISHMENT NAME SBARRO #2		LOCATION (Address) <i>MICRONESIA MALL FOOD COURT</i> 667 5647-1-2 6013-2-7-1 A1
INSPECTION DATE 6/27/18	SANITARY PERMIT NO. 180000964	PERMIT HOLDER OAM FAST FOODS INC

**Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.**

Row: 08 27 15      Wkly: 08/28/15      Yellow: Food Establishment